



Docket No. 0575/58075-Z/JPW/GJG/JR

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Ridwan Shabsigh

Serial No. : 10/658,991

Examiner: Robert M. Kelly

Filed : September 9, 2003

Group Art Unit: 1633

For : USES OF VASCULAR ENDOTHELIAL GROWTH FACTOR IN THE
TREATMENT OF ERECTILE DYSFUNCTION

Mail Stop Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Date: April 6, 2009

Sir:

Transmitted herewith is an amendment to the above-identified application.

- ____ Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.
- ____ A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.
- ____ No additional fee is required.

The filing fee is calculated as follows:

	Number after Amend- ment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE		FEE	
				Small Entity	Other Entity	Small Entity	Other Entity
Total Claims	6 -	* 20 =	*** 0 X	\$26	\$52	=	0
Independent Claims	2 -	** 3 =	*** 0 X	\$110	\$220	=	0
Multiple Dependent Claim(s) Presented For First Time	Yes <input checked="" type="checkbox"/> No			\$195	\$390	=	0
				TOTAL ADDITIONAL FEE \$ 0			

- * The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.
- ** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.
- *** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
- **** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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Amendment Transmittal Letter

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The following are also enclosed:

One additional copy of this Amendment Transmittal Letter
 Return Receipt Postcard
 An Information Disclosure Statement, including Form PTO-1449
(Copies of citations included: Yes No
and a fee of \$ included)

A Petition for an Extension of Time, including a fee of
\$ 65.00 for a Petition for 1 Month(s) Extension of Time

Other (identify): _____

THE TOTAL FEE DUE IS \$ 65.00.

A check in the amount of \$ 65.00 is enclosed.

Please charge Deposit Account No. in the amount of
\$.

The Commissioner is hereby authorized to charge any additional fees
required or credit any overpayment to Deposit Account No. 03-3125
as follows:

Fees under 37 C.F.R. §1.16 for the presentation of extra claims
 Patent application processing fees under 37 C.F.R. §1.17

Respectfully submitted,

Gary J. Gershik

John P. White

Registration No. 28,678

Gary J. Gershik

Registration No. 39,992

Attorneys for Applicant(s)

Cooper & Dunham LLP (Customer #23432)

30 Rockefeller Plaza

20th Floor

New York, New York 10112

(212) 278-0400

I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to:	
Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450.	
<i>Gary J. Gershik 4/6/09</i>	
John P. White Reg. No. 28,678 Gary J. Gershik Reg. No. 39,992	Date